| ٢   | PA'   | TENT APPI                                 | ct of 1995, (<br>LICATIO               | N FEE DET                                   | uked to respond                          | lo a collection of in | tormation uni   | nce; U.S.<br>ess it disp     | DEPARTMENT                 | OF COMMERC      |
|---|---|---|--|---|--|-----------------------|-----------------|------------------------------|----------------------------|-----------------|
| Substitute for Form PTO-875                       |   |   |  |   |  |                       |                 | Application or Docket Number |                            |                 |
| CLAIMS AS FILED - PART ( (Column 1) (Column 2)    |   |   |  |   |  | SMALL ENTITY          |                 | OR                           | OTHER THAN<br>SMALL ENTITY |                 |
| FOR NUMBER FILED BASIC FEE                        |   |   | NUMI                                   | BER EXTRA                                   | RATE                                     | FEE                   |                 | RATE                         | FEE                        |                 |
| TO  | CFR 1.16(a))<br>AL CLAIMS   |   | <del></del>                            | ·   |  |                       | s               | OR                           |                            | s               |
|   | CFR 1.16(c))<br>EPENDENT CLA  | IMS                                       | minus 20 =                             |   | •  |                       |                 | OR                           | x \$_ =                    |                 |
|   | CFR 1.16(b))  |   | minus 3 =                              |   |  | X \$=                 |                 | OR,                          | X S =                      | <del> </del>    |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) |   |   |  |   |  | + s=                  |                 | OR                           | +s =                       |                 |
| • 16 1  | * If the difference in column 1 is tess than zero, enter "0" in column 2.   |   |  |   |  |                       |                 | OR                           | TOTAL                      | <b>-</b>        |
| CLAIMS AS AMENDED - PART II                       |   |   |  |   |  |                       |                 |                              | TOTAL                      | L               |
|   |   |   |  |   | (Column 3)                               | SMALL E               | :NTITY          | OR                           | OTHE                       | R THAN          |
| A TN  | 11/13/16  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMEN  | 1                                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                         | RATE                  | ADDI-<br>TIONAL |                              | RATE                       | ADDI-<br>TIONAL |
| AMENDMENT   | Total<br>(37 CFR 1.16(c))   | 29  | Minus                                  | "32   | =  |                       | FEE             |                              | ļ                          | FEE             |
| ĒN.   | Independent<br>(37 CFR 1.16(b))   | . 7                                       | Minus                                  | 8   | 1=                                       | X \$=                 |                 | OR<br>·                      | X S=                       |                 |
| A   | FIRST PRESENT   | TATION OF MULTI                           | PLE DEPEND                             | PENT CLAIM (37 CI                           | FR 1 16(d))                              | × \$=                 |                 | OR                           | × \$=                      |                 |
|   |   |   |  |   |  | total                 | <u>_</u>        | OR                           | +s=                        | /               |
|   | (Column 1) (Column 2) (Column 2)  |   |  |   |  | ADD'L FEE             |                 | OR                           | ADD'L FEE                  |                 |
| NT B  | -   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | (Column 2) HIGHEST NUMBER PREVIOUSLY        | (Column 3) PRESENT EXTRA                 | RATE .                | ADDI-<br>TIONAL |                              | RATE                       | ADDI-<br>TIONAL |
| AMENDMENT   | Total<br>(37 CFR 1.16(c))   | •   | Minus                                  | PAID FOR                                    | =  |                       | FEE             |                              |                            | FEE             |
|   | Independen(<br>(37 CFR 1.16(b))   | •   | Minus                                  | 414   | =  | X \$=                 |                 | OR                           | × \$=                      |                 |
| Ā   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))   |   |  |   |  | X \$=                 |                 | OR                           | × \$=                      |                 |
|   |   |   |  |   |  | TOTAL                 |                 | OR                           | +s=                        | ·               |
|   |   | (Column 1)                                |  | (Column 2)                                  | (Column 3)                               | ADD'L FEE             |                 | OR<br>·                      | ADD'L FEE                  |                 |
| AMENDMENT C                                       |   | CLAIMS REMAINING AFTER AMENDMENT          |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                         | RATE                  | ADDI-<br>TIONAL |                              | RATE                       | ADDI-<br>TIONAL |
|   | Total<br>(37 CFR 1,16(c))   | •   | Minus                                  | **  | =  | x s =                 | FEE             |                              |                            | FEE             |
| EN I  | Independent<br>(37 CFR 1.16(b))   |   | Minus                                  | 444   |  | x \$ =                |                 | OR                           | × \$=                      |                 |
| ব   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))   |   |  |   |  |                       |                 | OR                           | X \$=                      |                 |
|   | If the entry in column 1 is less than the entry in column 2, write "0" in column 3.     If the "Highest Number Provinces I. D. in column 3. |   |  |   |  |                       |                 | OR [                         | + \$= TOTAL ADD'L FEE      |                 |
| ***   | If the "Highest N<br>The "Highest Nu  | lumber Previous<br>Imber Previously       | y Paid For<br>y Paid For<br>Paid For C | IN THIS SPACE I                             | s less than 20, er<br>s less than 3, and |                       | stangolgas e    |                              |                            |                 |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden; should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.